

FILED JAN 8 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44236  
STATE FILE NUMBER

Registration District No.

149

Primary Registration District No. 1002

Registrar's No.

5872

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>			c. CITY OR TOWN <b>Kansas City</b>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2104 Vine</b>			d. STREET ADDRESS (If outside, give location) <b>2104 Vine</b>		
3. NAME OF DECEASED (Type or print) First <b>JOE</b> Middle <b>BEARD</b> Last <b>BEARD</b>			4. DATE OF DEATH Month <b>12</b> Day <b>11</b> Year <b>1957</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Mar 16, about 1887</b>	9. AGE (In years last birthday) <b>About 70 yrs.</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Const. Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mod Carriers-Local 439</b>	11. BIRTHPLACE (City and state or country) <b>Unknown</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Litha Beard</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>551-10-6224</b>	17. INFORMANT Address <b>Mrs. Birdie Brown - 2104 Vine</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>1st + 2nd + 3rd Degree Burns of Entire Body.</b>					INTERVAL BETWEEN ONSET AND DEATH <b>E9160 110</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Don't Know</b>			
20c. TIME OF INJURY Hour <b>6:50</b> a.m. <b>12/11/1957</b>					
20d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input checked="" type="checkbox"/> WORK <input type="checkbox"/> AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>2104 Vine</b>			
		20f. CITY, TOWN, OR LOCATION <b>Kansas City, Jackson, Mo.</b>			
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Deputy Coroner</b>		22b. ADDRESS <b>1618 Lydia Ave</b>		22c. DATE SIGNED <b>12/12/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12/13/1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Blue Ridge Lawn Cemetery</b>		23d. LOCATION (City, town, or country) <b>Kansas City, Mo.</b>	
24. FUNERAL DIRECTOR <b>E. Steubing Bills</b>		ADDRESS <b>1212 Vine</b>		25. DATE RECD. BY LOCAL REG. <b>12.13.57</b>	
26. REGISTRAR'S SIGNATURE <b>neva minshall</b>					

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.  
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

L. M. Tillman

Securing this medical certification in the specific manner required by 193.140 MoRS 1949.



### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *E. Stealing Billa*

Licensed Embalmer No. 3178

P. O. Address 1212 Vine, Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.